DOCUMENT RESUME

ED 227 431 CG 016 564

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TITLE The Impact of Consultation. Executive Summary.
INSTITUTION American Institutes for Research in the Behavioral Sciences, Palo Alto, Calif.
REPORT NO AIR-64200-72300-79100-84300
PUB DATE Aug 82
NOTE 23p.; Paper presented at the Annual Convention of the American Psychological Association (90th, Washington, DC, August 23-27, 1982). For related document, see CG 016 563.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Change Agents; Change Strategies; *Consultants; *Consultation Programs; Intervention; Mental Health Clinics; *Mental Health Programs; *Organizational Change; Organizational Climate; *Problem Solving; Program Development; Program Improvement

ABSTRACT

A consultant is often an effective source of assistance for an agency undergoing change. Community mental health centers (N=80) randomly assigned to treatment and control groups were studied to determine the impact of problem-oriented consultation on problem solution, and the characteristics of both consultant and consultee which are critical in effective consultation. The impact of consultation was assessed by comparing staff assessments from both treatment and control groups on the extent of problem solution. Results indicated no differences in groups at 4 months following consultation, but significant increases in problem solution at 8 months followup for the treatment groups. Among the consultant characteristics found to be related to problem solution were consultant's knowledge, clarification of the problem, presentation of multiple alternatives rather than the "best" solution, and support of the organization's efforts. Specific organization characteristics related to effective consultation outcome were a director and staff receptive to consultation. The findings indicate that consultation research has the potential for helping technical assistance consultation produce the greatest possible benefit to mental health agencies. (MCF)

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AIR-64200, 72300,79100, 84300-8/82

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ED227431

THE IMPACT OF CONSULTATION

Executive Summary

Judith K. Larsen

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THE IMPACT OF CONSULTATION

Executive Summary

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Introduction

The most dependable characteristic of mental health programs is change. Mental health programs that were innovative several years ago now receive less attention. Certain tasks and services previously performed by community mental health centers (CMHC) are no longer mandated. Changes in mental health services and staff responsibilities occur continually. This constant change influences both the services and the personnel who provide them. In a time of change staff often are required to take on new duties, some of which may be unfamiliar. Indeed, some of the services performed by the mental health agency may be new to the agency. Faced with this situation, an agency often needs assistance in planning its activities. An effective source of assistance is a person who is knowledgeable and experienced in the area causing problems. In other words, effective assistance often comes from program-oriented consultation.

Program-oriented consultation is defined by Caplan (1970) as one of the main categories of mental health consultation. Program consultation includes planning, development, management, evaluation, and coordination of services. Participants in such consultations are generally administrators. Program-oriented consultation may result in the development of new services, or in the addition or subtraction of functions to an agency (MacLennan, et al, 1975).

Program-oriented consultation is directed to specific work-related problems, is advisory in nature, and the consultant has no direct responsibility for its acceptance and implementation (MacLennan, et al, 1975). The consultant is invited in by the organization to help them with a current problem of program development or with the planning and implementation of organizational policies. The consultant must have specialized knowledge about the topic on which the consultee organization needs help. The consultant is expected to come into the organization, study its problems, assess the significance of relevant factors, and then present recommendations for

dealing with them.

The consultant's primary responsibility is to prescribe an effective course of action in planning the program. As a side effect, consultees may gain information that they can generalize to future problems of a similar type. However, the aim of the consultant is to help the consultees with a specific problem, not improve the consultee's sense of well-being. Since the two are linked, a successful consultation may have the secondary effect of being therapeutic as well.

The objective, or desired outcome, of problem-oriented consultation is successful resolution of the organization's problem. With program-oriented consultation, this is the implementation of an effective program or program modification. Program-oriented consultation does not have the leeway of administrative consultation where the contract calls only for improving the understanding and operational effectiveness of the consultees (Caplan, 1970). The outcome of program-oriented consultation should be apparent in the service program itself.

Research Method

The objective of this research was to determine the impact of problem-oriented consultation on community mental health centers. It addressed two distinct but complementary questions:

1. Does consultation actually assist mental health organizations solve a problem of program development?

2. What characteristics of the consultant and consultee are critical in effective consultation?

The first question, Does consultation actually assist mental health organizations solve a problem of program development?, is in essence the acid test for consultation; the answer to the question has direct implications for planning and priorities. In addition, this objective was responsive to the need cited in the consultation literature for outcome research on systems level consultation (Caplan, 1970; Mannino & Shore, 1975; Cobb & Medway, 1978). Research on consultation all too frequently ignores the outcome of consultation altogether (Carter & Cazares, 1976; Cobb & Medway, 1978; Barry, 1980). A review of 35 studies of consultation found that outcome in terms of organizational change was measured in only two (Mannino,

MacLennan & Shore, 1975). A survey of 75 consultants and clients found that in only one case was there follow-up testing six months to a year following consultation (Bidwell & Lippitt, 1971). Clearly the amount of experimental research and evidence is meager.

When outcome is studied, often it is measured in terms of consultee attitudes, by way of subjective ratings, with the implied assumption that resultant significant changes occur. There usually is no measurement of change in consultee activity as a result of the consultation. Another measurement approach is to have both consultants and consultees rate task accomplishment (e.g., Mannino, 1972). Again, this measurement of outcome is based primarily on perceptual ratings of consultees and consultants, and is subject to contamination and bias.

We decided to use multiple measures of outcome, and employed nine different measures--measures such as staff satisfaction with consultation, attitudes toward future consultation, and the like. However, we selected one behavoiral measure to serve as the primary criterion measure--or dependent variable against which to test the independent variables. The measure we selected was extent of problem solution.

The purpose of problem-oriented consultation is to assist organizations to solve their problems. The test of consultation's effectiveness is whether it does, in fact, contribute to organizational problem solving. If consultation makes a difference, community mental health centers that receive consultation should report a greater degree of problem solution than community mental health centers that do not receive consultation.

A first step, and some would say the most important step, was to define and measure consultation outcome. We measured extent of problem solution by collecting data from staff participating in the consultations. Interviews with staff were conducted following the consultation, and one of the questions was the following: "The consultation at your center dealt with (the topic). To what extent would you say the concerns you had about this topic have been solved?" A four-point response scale from "considerable extent" to "not at all" was used. Responses to the item were collected from all staff interviewed at each organization. Individual responses then were combined to form a mean organizational score on extent of problem solution.

The method we used to assess consultation impact involved an experimental study with 80 community mental health centers randomly assigned to

treatment and control groups. The basic intervention used in the treatment groups was program-oriented consultation. Each community mental health center in the treatment group specified the topic it wanted consultation on and an experienced consultant with expertise in that area was selected. Consultants were chosen from throughout the country with the assistance of the National Council of Community Mental Health Centers. Three criteria were established for selecting consultants: (1) they must be trained and experienced consultants; (2) they must have had experience working in community mental health centers; and (3) they must be highly knowledgeable in specific program areas. Each consultant visited the community mental health center for two days and was accompanied by an observer who was responsible for data collection. Standardized data collection procedures were applied at four points: prior to the consultation, during the consultation, four months following consultation, and eight months following consultation. Data were collected from staff participating in the consultation and from the consultant.

Community mental health centers in the control groups requested consultation but no consultation was provided as part of the study. Data from these organizations were collected at the same points in time as the treatment groups, with the exception that the second data collection (during consultation) did not occur.

Results

The impact of consultation was assessed by comparing data from treatment and control groups on extent of problem solution they reported. We hypothesized that the 39 centers that received consultation as part of this study would report greater problem solution than the group of 41 centers that requested consultation but did not receive it. A t-test was computed to compare mean problem solution scores of the groups. Results of the analyses are reported in Table 1. There was no difference between the groups based on data from the first follow-up interview, four months after the consultation. However, analyses based on data from the second follow-up interviews (eight months following consultation) report different findings. A statistically significant difference was found in problem solution eight months following consultation (see Table 2). Centers that received consultation reported higher problem solution than centers that did not receive consultation.

Table 1

Comparison of Problem Solution Scores
(Four Months Following Consultation)

	Mean	SD	t
Organizations receiving consultation (N=39)	2.59	.72	
			.77, n.s.
Organizations not receiving consultation (N=41)	2.44	1.00	

Table 2

Comparison of Mean Problem Solution Scores
(Eight Months Following Consultation)

	Mean	SD	t
Organizations receiving consultation (N=39)	3.00	.83	
			3.72, p=.001
Organizations not receiving consultation (N=41)	2.29	.87	

Why was there no difference in problem solution between groups four months following consultation, but a significant difference between them eight months later? Table 3 presents a summary of mean problem solution scores for the groups at the two follow-ups. Comparison of these scores indicates that centers receiving consultation reported progress in solving the problem; centers that did not receive consultation reported no change in problem solution. The data suggest that it takes time for the impact of consultation to make itself felt in an organization. Changes in programs do not occur rapidly, and the period of consolidation may extend over several months. The impact from consultation had begun at four months, but it continued to grow over a longer period of time.

A different pattern seemed to occur among the centers in the control group. The control group was formed of centers that responded they would like to receive consultation, but that were not selected for consultation. However, they had expressed an interest in program revision, and agreed on their need for consultation. In the follow-up interviews with these centers, we asked each center, "What actions did you take to deal with your concerns?" Results are reported in Table 4. Most of the centers that did not receive consultation as part of this study sought other assistance with their problems, often by requesting consultation from another source. Nine of the 37 responding centers had received consultation elsewhere.

Many centers reported using several resources in dealing with their problems. The most frequently cited practice was using their own staff to deal with a problem, however, external resources such as workshops, conferences, programs, and other centers also were used. It is interesting that none of the centers reported using the literature exclusively to implement program changes. All stated that they used the literature in conjunction with an interpersonal resource, underlining the oft-repeated finding of the importance of interpersonal communication in dealing with program change.

The actions taken by the control group centers made it clear that they were not a control in the traditional experimental sense. Our original comparisons were based on data from centers called "treatment" centers, centers that received consultation as part of this study, and "control" centers, centers that did not receive consultation as part of this study but that may have received consultation elsewhere. It is both disappointing and promising that centers in the control group strayed from our experimental design.

Table 3

Problem Solution at Four and Eight Months Following Consultation

	Mean Problem Solution Scores	
	First follow-up interview (Four months after consultation)	Second follow-up interview (Eight months after consultation)
Treatment Group (Centers receiving consultation) (N=39)	2.59	3.00
Control group (Centers not receiving consultation) (N=31)	2.32	2.32

Table 4

Action Taken by Organizations Not Receiving Consultation in this Study

Action	N
Obtained assistance from other consultant	6
Used own staff	11
Used own staff and some other assistance	2
Attended a conference	1
Asked other centers	3
Obtained external assistance and referred to literature	1
Used own staff and referred to literature	3
Attended workshop and referred to literature	1
Contacted other centers and referred to literature	2
Referred to literature (only)	0
Did nothing	7
	37

Methodologically, it calls into question the validity of comparisons between treatment and control groups. We know that all centers in the treatment group received a two-day program-oriented consultation. Of the centers in the control group, we know that 31 did not receive consultation and that 10 did receive consultation of some type, although we do not know its intensity or purpose. However, from a services and planning perspective, it is reassuring to find that centers that identify a need for technical assistance will actively continue to search for assistance, either in the form of consultation or in other resources.

Since the control group was not, in fact, a control, we decided to reanalyze the data, forming one group of centers that received two-day program-oriented consultation (N=39) and a second group of centers that did not receive consultation (N=31). This allowed comparison of treatment centers with legitimate "control" centers, e.g., centers that did not receive consultation (Table 5). A t-test comparing group problem solution scores found no significant differences when based on data collected four months following consultation. By contrast, results of the t-test were statistically significant eight months following consultation.

The study's second major research question was: <u>What specific characteristics of the consultant and consultee are critical in effective consultation</u>? A main element in consultation is the consultant, yet it is obvious that all consultants are not equal. Some consultants are in constant demand and seem able to help many groups; other consultants do not achieve the same positive results. Our second research question was whether there are certain consultant characteristics that are systematically associated with effective impact. If there is consensus that consultation is effective in leading to problem solution, there is less agreement on just what it is about a consultant that makes that person effective.

In our attempt to identify specific behaviors and characteristics contributing to effective consultation, we reviewed the research literature from the fields of mental health consultation, organizational consultation, group dynamics, organizational development, and adoption of innovations. There were few quantitative studies identifying specific behaviors associated with problem solution or information use. Most of the literature consisted of manuals and case studies containing advice on how to conduct a

Table 5

Comparison of Problem Solution Scores

	Mean	SD	t
Four Months Following Consultation			
Organizations receiving consultation (N=39)	2.59	.72	
			1.24, n.s.
Organizations not receiving consultation from this study nor from any other source (N=31)	2.32	1.01	
Eight Months Following Consultation			
Organizations receiving consultation (N=39)	3.00	.83	
			3.32, p=.001
Organizations not receiving consultation from any source (N=31)	2.32	.87	

consultation. A review of the literature on consultant techniques can be summed up rather simply: the consultant should be all things to all people.

From the studies that were available and from our previous research, we identified demographic variables and behavioral characteristics that appeared to be most directly related to consultation outcome. Our study included 12 consultant variables that were found to be important in previous research and that were reported most frequently in the literature (see Figure 1). Since these variables were identified as important in other studies, they were expected to be of similar importance. That is, when related to extent of problem solution, there was no reason to expect that some of the variables would be of greater significance than others.

Data were collected on 18 consultants in consultations at 39 mental health organizations. All were experienced and trained consultants and all worked in mental health services. The sample of 18 was representative of the population of mental health consultants on the following demographic variables: (1) gender, (2) ethnic group, (3) professional background, and (4) geographic location. T-tests and ANOVAs testing the relationship between the demographic variables and extent of problem solution (criterion measure) found no significant relationships for any of the consultants' demographic variables.

Twelve specific consultant activities, those reported most frequently in the literature, were included in the study. Scales were developed to measure 10 of the 12 variables; 2 variables were measured by single items. Four of the consultant variables were related to problem solution at levels of statistical significance (see Table 6). Three of them, "Consultant was knowledgeable," "Consultant clarified the problem," and "Consultant provided multiple solutions," are specific skills that can be clearly described. The fourth, "Consultant was supportive," taps a more intangible aspect of consultation, one sometimes described as "art" or "a sixth sense."

The strongest relationship was between "Consultant was knowledgeable" and extent of problem solution. If a consultation deals with outpatient programs, the consultant must be an expert in outpatient programs; it is not enough for the consultant to be generally familiar with outpatient programs, the consultant must be <u>expert</u> in outpatient programs. In the past, especially in the 60s and early 70s, there was a popular belief that it was sufficient for a consultant to be skilled in group process and able to

Figure 1

Consultant Variables

Demographic variables

Geographical location
Gender
Ethnic group
Professional training

Behaviors and characteristics

Supportive. The consultant generally highlighted the strengths of the organization, and was encouraging and supportive of staff.

Knowledgeable. The consultant was knowledgeable about information relevant to the organization's needs, and about ways to solve the organization's problems.

Clarified problem. The consultant clarified the organization's problems, encouraged staff to make priorities clear, and clarified the frame of reference for the consultation.

Presented multiple suggestions. The consultant generated a number of alternative solutions to the problem, and encouraged staff to contribute their ideas as well.

Presented details of solutions. The consultant discussed steps needed to implement the information, mentioned the pros and cons of the alternatives, encouraged the consultees to anticipate outcomes, and discussed how the organization might evaluate the eventual success of the idea.

Summarized outcomes of suggestions. The consultant encouraged group consensus and summarized in terms of desired outcomes.

Encouraged participation. The consultant encouraged staff participation, asked appropriate questions, listened reflectively, and responded to the consultee's questions.

Prepared. The consultant was prepared; he/she gathered information prior to the consultation.

Maintained focus. The consultant prepared a plan of action for the consultation, maintained the focus of the consultation, and continued to attend to the organization's needs throughout the visit.

Passed along relevant information. The consultant provided appropriate information including examples, served as a pipeline of relevant information, and communicated clearly and well.

Active. The consultant was generally active throughout the consultation.

Attended to organization's situation. The consultant considered the specific and unique aspects of the organization's situation, and dealt with the organization's main concerns rather than promoting his or her own agenda.

Table 6

Correlations Between Consultant Characteristics and Problem Solution

Characteristic	Pearson correlation
Supportive	r = .35*
Knowledgeable	.32*
Clarified problem	.32*
Presented multiple suggestions	.26#
Focused on details of solutions	.19
Summarized outcomes of suggestions	.17
Encouraged participation	.17
Prepared	.15
Maintained focus	.12
Passed along relevant information	.10
Active	.01
Attended to organization's situation	-.03

*p ≤ .05

#p ≤ .10

facilitate group problem solving. If the consultant possessed such skills, it was not mandatory that the consultant also be an expert in the specific content. Data from the present study do not support this position. These findings stress the consultant's subject expertise as central in leading to problem solution.

The significant relationship of knowledgeable with problem solution is reassuring. It has long been acknowledged that a consultant's most important attribute is having something to say to the consultee--knowing the material. The fact that our data confirm this finding is even more important when one considers that there was a limited range of variance on this characteristic. One of the requirements of the study was that the consultants be experts in their content area. Although this was a research study, we were concerned with practical payoff for participants, as well as with collecting data related to the research questions. For purposes of providing variance on an independent variable, it would have been preferable to select a random sample of consultants, thereby maximizing the likelihood of a range of abilities. However, we felt the real-world needs of the organization outweighed concerns of classic experimental design, and therefore we limited the study to consultants who were experts in their field. Given the fact that all the consultants were identified as knowledgeable and that they only worked in content areas in which they had verified their competence, the significant relationship is even more noteworthy.

Two specific characteristics that can be considered consultation skills were found to be related to problem solution. Both are skills that are strongly related to effective outcome, and yet are overlooked by a surprising number of consultants.

The first is Consultant clarified the problem. Specifically, the activity consists of the consultant not making the assumption that the consultees are in agreement on the importance of the topic, or more fundamentally, not assuming that the consultees are aware of what the topic of consultation is! Basically, the effective consultant does not take anything for granted. The effective consultant begins almost as if the topic had not been identified in advance, and clarifies--or identifies--the topic of the consultation. The effective consultant also encourages staff to describe their priorities for the consultation--what they want to accomplish or get from the consultation. Further, the skilled consultant describes the frame

of reference for the consultation, explaining what is appropriate for discussion and what the "boundaries" are.

Perhaps the elementary nature of this step is one reason that many consultants overlook it. They assume that if an organization requests consultation on Topic X, the consultation should deal with Topic X, and therefore they arrive on the scene prepared to discuss Topic X. However, the more common case is that Topic X may not be the real problem at all; Topic W may be the troublemaker. Often not all the participants at the consultation were involved in planning and therefore they may not agree that the identified topic really is the appropriate topic for consultation. Differences in perception between those originally identifying the topic and those actually participating in the consultation are common. Consultants who fail to realize that these differences exist base the consultation on the wrong set of assumptions. Of course such consultations have less likelihood of being effective.

The second specific skill, Consultant presents multiple solutions, is quite straightforward. The effective consultant generates a number of alternative solutions to the problem, and presents several to the consultees. The contrasting--and ineffective--approach is illustrated by a consultant who identifies one or two "best" ways to deal with the problem and presents only this limited range of possibilities. Stated in the extreme, one approach involves presenting a few targeted solutions, the other involves presenting many solutions with the hope that one will fit.

Data from this study indicate that the consultant who presents a smorgasbord of alternative suggestions is more likely to be effective than the consultant who provides only one or two ideas, regardless of how good they are. This is not as obvious as it may seem. Many consultants identify the problem, match the problem to solutions they know of, and present the solution they think is most likely to work. If the consultant's suggestions happen to exactly match the needs and situation of the consultees, the outcome is likely to be highly positive. However, the chances of such a fortuitous match are small, and therefore it is much more often the case that the outcome is disappointing. Paradoxically, this may have nothing to do with the suggestions the consultant provides, but may be a function of the context or situation in which the agency finds itself. It is nearly impossible for a consultant to become completely familiar with all aspects of the

agency's situation in two days, and therefore the consultant provides suggestions in the face of many unknowns. Presenting the potential user with a variety of alternatives means that some of the suggestions will hit home, probably in ways not apparent to the consultant, while others will be disregarded, perhaps for reasons that have little to do with the information per se.

These findings indicate that it is better for a consultant to present several different ways of dealing with the problem, even if some appear to be less promising than others, and allowing the consultees to select from them, to combine aspects of several, or to modify the suggestions to create their own solution.

The final significant characteristic of effective consultants, Consultant was supportive, is a characteristic difficult to define precisely. In our study, the characteristic meant that the consultant highlighted the strengths of the consultees and their organization, and encouraged their efforts.

Consultation is often described as composed of more than the sum of its parts. There is an intangible element--interest in people, concern with services to clients, a third ear--that makes a consultant successful. When this attitude is present, the consultees are more likely to be responsive to the consultation and to actively participate with the consultant. The argument has been made that this component cannot be measured, and while it may be true that our scale is not an adequate measure of this characteristic, it appears to touch at least one aspect of this behavior. The strong relationship between this variable and problem solution should underscore the importance of the consultant's human and sympathetic understanding of the consultee's situation in contributing to successful consultation outcome.

The potential user of consultation--in this case, the community mental health center --also influences outcome. Early research devoted its attention to the consultant, and as a result the user was almost forgotten. Only later did research remember the user, and realize that the user and the user's situation influence outcome.

The present study deals with local organizations, specifically community mental health centers, as potential users. Three general categories of variables define the user organization: demographic variables, organizational attitudes regarding consultation, and external characteristics.

a. Demographic variables. Physical characteristics of an organization such as its size or age may be expected to be related to problem solution. This possible relationship was checked using data on each participating agency that were provided by NIMH and verified by the local agency. The demographic variables studied were:

- region of the country (South, West, Midwest, Northeast)
- metropolitan status (metropolitan, non-metropolitan, mixed)
- budget (in thousands of dollars)
- number of full-time employees
- number of part-time employees
- year in staffing grant
- tenure of director in years
- number of years center had been in operation.

As can be seen in Table 7, none of these characteristics of the community mental health centers were significantly associated with problem solution, either four months or eight months following consultation. Evidently problem solution in community mental health centers is not related to these demographic characteristics.

b. Organizational attitudes regarding consultation. A second set of variables relates specifically to the consultation and problem solution, assessing organizational attitudes towards consultation. Correlations between the agency attitudes regarding consultation and problem solution are presented in Table 8. There were significant relationships between extent of problem solution and two attitudinal measures. Organizations in which the director and staff were receptive to consultation reported higher degrees of problem solution. Likewise, organizations that knew how to use the consultant's time reported more problem solution.

Support of the director and top administrators is commonly considered to be critical in effective consultation. Much of the research based on case studies and clinical observations identifies this as an important variable. The fact that the current study found director's support to be related to problem solution at a statistically significant level is reassuring for two reasons: (1) the results of this research match findings

Table 7

Organizational Demographic Characteristics in Relation to Problem Solution following Consultation

	Relationship to Problem Solution	
	4-month follow-up	8-month follow-up
Number of full-time employees	r = -.13	r = -.27
Number of part-time employees	r = .07	r = -.17
Budget (in thousands of dollars)	r = -.29	r = -.08
Region (South, West, Midwest, Northeast)	F = 0.83	F = 0.89
Metropolitan status (Metro, non-metro, mixed)	F = 0.95	F = 0.12
Year in staffing grant	r = -.05	r = -.31
Tenure of director in years	r = -.17	r = -.04
Number of years CMHC was in operation	r = .15	r = -.09

Note: All results are statistically non-significant

Table 8

Correlations Between Problem Solution and Organizational Characteristics

	r	Significance Level
Organizational attitudes regarding consultation		
Receptivity of leaders (director and key staff)	.35	p<.05
Experience using a consultant effectively	.36	p<.05
Staff preparation for consultation	.18	n.s.
Past success with consultation	-.08	n.s.
External characteristics	.39	p<.01

of studies conducted by other investigators under different conditions, and (2) different methodological approaches report the same findings. When the results of different methods of investigation reach similar conclusions, this is strong evidence of the importance of the variable, in this case, the importance of receptivity of the director and top staff.

c. External characteristics. A community mental health center is subject to forces that are external to its control but that directly affect it. Political forces are created by federal, state, and county governments; new legislation may mandate change or make change impossible. The community can be supportive, hostile, or indifferent to mental health services.

The scale measuring external characteristics included eight items assessing the extent of support provided by each. The eight were: state or federal legislation, policy at city and county levels, support from community governing board, attitudes of community, economic conditions in local community, changes taking place at other community mental health centers, attitudes of referring agencies, and client needs. The relationship between external characteristics and problem solution was statistically significant (see Table 8).

External characteristics, or contextual factors, have been cited increasingly in the literature as important in explaining behaviors and attitudes. In this study, we expected that more problem solution would occur in cases where the community supported program development and where policy and legislation facilitated change. Concurrently, less change was expected in cases where there was no community support or where policy and legislation inhibited program development. Results from this study confirm these hypotheses.

Summary

Results of the research reviewed here indicate that consultation has a significant positive impact on community mental health centers. Response from community mental health centers to the possibility of receiving consultation was enthusiastic. Unfortunately, the research study was able to provide only a fraction of the consultation requested, since our primary concern was hypothesis-testing, not provision of consultation per se. The research also found that consultation is a more popular method of assisting agencies with program modification than mailed information.

There are specific characteristics of the consultant and the organization that are related to successful consultation outcome. Characteristics of the consultant found to be significantly related to problem solution are the following: consultant's knowledge, clarification of the problem, presentation of multiple alternatives rather than one "best" solution, and support of the organization's efforts.

Specific organizational characteristics also were found to be related to effective consultation outcome. Organizations in which the director and staff were receptive to consultation reported higher degrees of problem solution. Likewise, organizations that knew how to use a consultant's time reported greater problem solution. In addition, sufficient time must be allowed for program modifications to be implemented. Program changes take many months and the freedom to take time to make program modifications is critical.

Finally, the study addressed issues of theory and methodology in consultation research. Experimental methods for testing specific hypotheses related to consultation were developed, as were specific measures of consultation success. The research found that measures of consultation outcome should be collected up to eight months following intervention, thereby allowing time for the impact of consultation to be felt.

The findings of this research on technical assistance consultation have implications for training and future research. Perhaps one of the most encouraging findings is that both consultant and organizational variables related to positive consultation outcome can be influenced by training. Consultant variables such as verifying assumptions and presenting alternative solutions are characteristics that can be taught.

Equally important, results indicate that specific organizational characteristics are related to outcome, and can be optimized. For example, the need for staff to agree on the importance of consultation prior to the actual visit can be stressed in advance.

This research attempted to link process variables with outcomes in a systematic manner, and produced a number of substantive findings. However, consultation needs more empirical research. Specifically, interactions of the variables described here need more investigation, as does the role of external factors such as community resources, state support, and legislation. Such findings from consultation research have the potential for helping technical assistance consultation produce the greatest possible benefit to mental health agencies.

REFERENCES

Barry, J.R. Organizational consultation in a changing world. Paper presented at the APA Annual Convention, Montreal, September 1980.

Bidwell, R., & Lippitt, G. Attitudes of consultant and clients to research on the consultation process. Unpublished paper, George Washington University, 1971.

Caplan, G. The theory and practice of mental health consultation. New York: Basic Books, 1970.

Carter, B.D., & Cazares, P.R. Consultation in community mental health. Community Mental Health Review, 1976, 1(5), 4-13.

Cobb, D.E., & Medway, F.J. Determinants of effectiveness in parent consultation. Journal of Community Psychology, 1978, 6(3), 229-240.

MacLennan, B.W., Quinn, R.D., & Schroeder, D. The scope of community mental health consultation. In F.V. Mannino (Ed.), The practice of mental health consultation. Washington, D.C.: GPO, 1975. (DHEW Publication No.(ADM) 76-112).

Mannino, F.V., MacLennan, B.W., & Shore, M.F. The practice of mental health consultation. Adelphi, Maryland: Mental Health Study Center, NIMH, 1975.

Mannino, F.V., & Shore, M.F. The effects of consultation. American Journal of Community Psychology, 1975, 3(1), 1-21.